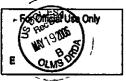
U.S. Department of Labor
Office of Labor-Management
Standards
Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2008

This report is mandatory under P L. 88-257 as amended. Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S.C 439 or 440.



1 File Number U 31657

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

	1 / 1 / 2005 Through 12 / 31 / 2005			
3 Name and address of person filing	4 Name file number and address of labor organization.			
Name Carlos N Ramos II	Nama Teamsters Local 776			
	Labor Organization File Number 02.2656			
P O Box, Bidg Room No if any	PO Box Building and Room Number if any			
Street 2552 Jefferson Street	Street 2552 Jeffersnon Street			
City Harrisburg	City Harrisburg			
State Pennsylvania ZIP Code + 4 17110-2505	State Pennsylvania ZIP Code +4 17110-2505			
5 Position in labor organization Business Agent				
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any)	7 a. Nature of Interest, Transaction or Income.			
Name				
Trade Name, if any				
PO Box, Bldg Room No if any				
Street	7 b Amount.			
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete. (See the section on penalties in the instructions.)				
Signed	On 05/11/2006 717-233-8766			
	Date Telephone Number			
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Name of Person Filing Carlos Ramos II		File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (Including trade name if any) Name Trade Name if any: P O Box, Bidg Room No if any Street City State ZiP Code + 4 10 if 9 b or 9 c. is checked give trust or employer's name Name Trade Name if any P O Box, Bidg Room No if any Street City State ZiP Code + 4	9 Business deals with a Labor Organizat b Trust c. Employer 11 a Nature of such dealin 11 b Approximate dollar valu 12 a Nature of interest hek	ng e of such dealing			
	12 b Amount.				
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment. All meals from me	et ings			
Name Peter G Hassler	68 65 13 96				
Trade Name if any Roadway Express	17 92 20 61				
PO Box Bidg Room No if any					
Street 100 Roadway Drive					
City Carlisle					
State Pennsylvania ZIP Code + 4 17013					
13 b is the Business an Employer X or Consultant ?	14 b Amount of payment.		\$121		

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Name of Person Filing Carlos Ramos	II	File Number U -

Fatt o cond	nuation rage			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (Including trade name, if any)	14 a Nature of payment.			
Name Michael Thompson	Meals 19 83 35 58			
Trade Name if any Roadway Express	69 37 23 50 12 20			
PO Box, Bldg Room No if any				
Street 100 Roadway Drive				
City Carlisle				
State Pennsylvania ZIP Code + 4 17013				
13 b is the Business an Employer or Consultant ?	14 b Amount of payment. \$160			
C Received from any emptoyer (other than an employer covered under parts A payment of money or other thing of value	and B above) or from any labor relations consultant to an employer any			
13 a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any)	14 a Nature of payment.			
Name				
Trade Name if any				
PO Box Bidg Room No if any				
Street				
City				
State ZIP Code + 4				
13 b is the Business an Employer or Consultant ?	14 b Amount of payment.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (Including trade name if any)	14 a Nature of payment.			
Name				
Trade Name If any				
PO Box Bidg Room No if any				
Street				
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant?	14 b Amount of payment.			